

<i>SERFF Tracking Number:</i>	<i>HULI-125670994</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Wilton Reassurance Company</i>	<i>State Tracking Number:</i>	<i>39125</i>
<i>Company Tracking Number:</i>	<i>WR-TL-POL100</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Life to Age 65</i>		
<i>Project Name/Number:</i>	<i>LF65/WR-TL-POL100</i>		

Filing at a Glance

Company: Wilton Reassurance Company

Product Name: Term Life to Age 65

TOI: L04I Individual Life - Term

Sub-TOI: L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: HULI-125670994

SERFF Status: Closed

Co Tr Num: WR-TL-POL100

Co Status: Submitted

Author: Kim Hiar

Date Submitted: 05/29/2008

State: ArkansasLH

State Tr Num: 39125

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/03/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LF65

Project Number: WR-TL-POL100

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/03/2008

State Status Changed: 06/03/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

This term life insurance product is marketed under the product name, SalaryShield Elite. It allows the applicant to select a monthly death benefit based on their current salary to be paid to the named beneficiary. The monthly benefit will be paid until the insured would have reached age 65.

This product will be marketed through both the agent channel and the direct response channel, including mail, radio and television. This product will not be marketed with an illustration.

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The following forms are being submitted on a general use basis and are intended for use with future term life insurance product filings:

AL-TL-APP100A, Application Overflow. This form is used only if the applicant requires additional space to provide detail to "yes" answers on the application. If used, it will be attached and made part of the policy.

AL-TL-APP300, Reinstatement Application.

AL-TL-RPL100A, Replacement Disclosure - Appendix B

AL-TL-RPL200A, Replacement Disclosure - Appendix C

AL-TL-RPL300A, Replacement Disclosure - Appendix A

We reserve the right to change layout and/or font in the future.

Company and Contact

Filing Contact Information

Kim Hiar, Compliance Manager	kimberly.hiar@heritageunion.com
1805 Monument Avenue	(804) 212-2818 [Phone]
Richmond, VA 23220	(804) 213-0051[FAX]

Filing Company Information

Wilton Reassurance Company	CoCode: 66133	State of Domicile: Minnesota
187 Danbury Road	Group Code: 4213	Company Type: L&H
Riverview Building		
Wilton, CT 06897	Group Name:	State ID Number:
(203) 762-4438 ext. [Phone]	FEIN Number: 41-1760577	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The fee is \$50.00 for this policy form and all associated forms pursuant to Bulletin 7-2005.
Per Company:	No

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<i>Project Name/Number:</i>	<i>LF65/WR-TL-POL100</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Wilton Reassurance Company	\$50.00	05/29/2008	20557898

SERFF Tracking Number: *HULI-125670994*

State: *Arkansas*

Filing Company: *Wilton Reassurance Company*

State Tracking Number: *39125*

Company Tracking Number: *WR-TL-POL100*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.313 Decreasing - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Term Life to Age 65*

Project Name/Number: *LF65/WR-TL-POL100*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/03/2008	06/03/2008

SERFF Tracking Number: HULI-125670994

State: Arkansas

Filing Company: Wilton Reassurance Company

State Tracking Number: 39125

Company Tracking Number: WR-TL-POL100

TOI: L04I Individual Life - Term

*Sub-TOI: L04I.313 Decreasing - Single Life -
Fixed/Indeterminate Premium*

Product Name: Term Life to Age 65

Project Name/Number: LF65/WR-TL-POL100

Disposition

Disposition Date: 06/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HULI-125670994	State:	Arkansas
Filing Company:	Wilton Reassurance Company	State Tracking Number:	39125
Company Tracking Number:	WR-TL-POL100		
TOI:	L041 Individual Life - Term	Sub-TOI:	L041.313 Decreasing - Single Life - Fixed/Indeterminate Premium
Product Name:	Term Life to Age 65		
Project Name/Number:	LF65/WR-TL-POL100		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third party authorization letter		Yes
Supporting Document	Statement of Variables		Yes
Form	Policy Form		Yes
Form	Policy Schedule		Yes
Form	Application		Yes
Form	Replacement Appendix B		Yes
Form	Replacement Appendix C		Yes
Form	Application Overflow		Yes
Form	Cost & Benefit Statement		Yes
Form	Amendment to Application		Yes
Form	Reinstatement Application		Yes

SERFF Tracking Number: HULI-125670994 State: Arkansas

Filing Company: Wilton Reassurance Company State Tracking Number: 39125

Company Tracking Number: WR-TL-POL100

TOI: L04I Individual Life - Term Sub-TOI: L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium

Product Name: Term Life to Age 65

Project Name/Number: LF65/WR-TL-POL100

Form Schedule

Lead Form Number: WR-TL-POL100B-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WR-TL-POL100B-AR	Policy/Cont ract/Fratern al Certificate	Policy Form	Initial		48	WR-TL-POL100B-AR LF65 LS Policy Form.pdf
	WR-TL-SCH100A-AR	Schedule Pages	Policy Schedule	Initial		47	WR-TL-SCH100A-AR Schedule Pages.pdf
	WR-TL-APP110A	Application/ Enrollment Form	Application	Initial		52	WR TL-APP110A-02 Term Application 2-20.pdf
	WR-TL-REP100A	Other	Replacement Appendix B	Initial		59	WR-TL-REP100A Replacement Appendix B.pdf
	WR-TL-REP200A	Other	Replacement Appendix C	Initial		52	WR-TL-REP200A Replacement Appendix C.pdf
	WR-TL-APP100A	Application/ Enrollment Form	Application Overflow	Initial		53	WR-TL-APP100A Application Overflow.pdf
	WR-TL-CBS100A	Other	Cost & Benefit Statement	Initial		53	WR-TL-CBS100A Cost Benefit

SERFF Tracking Number: HULI-125670994 State: Arkansas
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					Statement.pdf
WR-TL-AMD400	Policy/Cont Amendment to ract/Fratern Application al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50		WR-TL-AMD400 Amendment to App.pdf
WR-TL-APP300	Application/ Reinstatement Enrollment Application Form	Initial	42		WR-APP300A Reinstatemen t Application 02.29.08.pdf

WILTON REASSURANCE COMPANY

Executive Office: 187 Danbury Road, Riverview Building, 3rd Floor, Wilton, Connecticut 06897

We agree to pay the Policy Proceeds if the Insured dies before the Expiration Date while this policy is in force subject to all policy provisions. Payment will be made upon receipt at Our Administrative Office of due proof of the Insured's death that is satisfactory to Us.

This policy is issued in consideration of the application and payment of the first premium. While the Insured is alive, premiums must be paid as shown on the Policy Schedule until the Expiration Date.

THIS IS A LEGAL CONTRACT – READ IT CAREFULLY

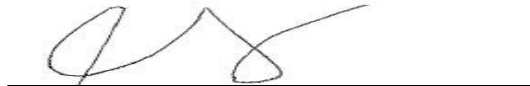
IMPORTANT NOTICE – RIGHT TO CANCEL

This policy may be cancelled within 30 days after You receive it by returning it to Our Administrative Office, or by mailing or returning it to the agent from whom it was purchased, if any. We will return all payments made for this policy and cancel the policy as of the Policy Date.

Issued and signed for Wilton Reassurance Company, a Minnesota domestic company.



Mark Sarlitto
General Counsel and Secretary



Chris Stroup
Chairman and CEO

LEVEL PREMIUM
DECREASING TERM LIFE INSURANCE TO AGE 65
PREMIUMS PAYABLE TO EXPIRATION DATE
POLICY PROCEEDS PAYABLE UPON DEATH BEFORE EXPIRATION DATE
NON-PARTICIPATING NON-CONVERTIBLE

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Copies of applications, endorsements and/or riders.

Policy Schedule

Owner: [Jane Doe]

Policy Date: [April 23, 2007]

Insured: [John Doe]

Insured's Policy Issue Age: [34]

Policy Number: [1234567890]

Sex: [M]

Expiration Date: [April 23, 2038]

Premium Class: [Standard, Non-Smoker]

Mode of Premium Payment: [Monthly]

Premium[*]: [\$15.00]

*[*Includes \$75.00 Annual Policy Fee]*

Benefit Amount

[\$500.00] Per Month until Policy Anniversary Age 65

Base Policy Modal Premium

Modes of Premium Payment Are Shown Below:

	<u>Per Mode Premium</u>	<u>Total Yearly Premium</u>
Annual	[180.00]	[180.00]
Semi-Annual	[90.00]	[180.00]
Quarterly	[45.00]	[180.00]
Monthly	[15.00]	[180.00]

Please contact our Administrative Office for questions or information regarding your policy.

Wilton Reassurance Company Service Center

**[P.O. Box 723667]
[Atlanta, Georgia 31139-0667]
[TOLL FREE – 877-415-9110]**

If You have not received satisfactory service from Us, You should feel free contact the Arkansas Insurance Department at:

Arkansas Insurance Department
Consumer Services Division
400 University Tower Building
Little Rock, Arkansas 72204
Telephone: (501) 371-1813

SECTION 1 – DEFINITIONS

Administrative Office – means the office located at the address shown on the Policy Schedule.

Assign – means to transfer Your rights as the Owner of this policy. If You transfer all of Your rights irrevocably, the Assignment is absolute. If You transfer all or some of Your rights as the Owner of this policy as security for a loan, but on the condition that they return to You once the debt is paid, then the Assignment is collateral.

Beneficiary – means the person(s) or entity designated to receive Policy Proceeds at the time of the Insured's death.

Discount Rate – is the interest rate used to determine the present value of a stream of policy payments.

Endorsement or Rider – is a form which amends this policy or which provides additional benefits. When an Endorsement or Rider is attached to this policy it becomes a part of this policy and is subject to all of the policy terms unless We state otherwise in the Endorsement or Rider.

Expiration Date – is the date on which the insurance coverage under this policy ends. The Expiration Date is shown on the Policy Schedule.

Grace Period – is the period after a Premium Due Date during which We will accept premiums to keep the policy in force.

He – is used to mean "he" or "she."

His – is used to mean "his" or "hers."

Insured – is the person whose life is covered under this policy.

Owner – is the person who may exercise the rights of this policy.

Policy Anniversary – is the same day and month as the Policy Date for each subsequent year this policy is in force.

Policy Anniversary Age – is the Insured's age on his or her last birthday prior to the Policy Anniversary.

Policy Date – is the date on which this policy is issued and the insurance coverage becomes effective.

Policy Issue Age – is the Insured's age on his or her last birthday prior to the Policy Date.

Policy Months and Policy Years – refer to the months and years during which this policy is in force. Policy Months and Policy Years are measured from the Policy Date.

Policy Proceeds – is the amount payable to the Beneficiary upon due proof of the Insured's death that is satisfactory to Us.

Premium Due Date – is the date premiums, other than the first, must be paid. If the annual mode of premium payment is chosen, the Premium Due Dates are the Policy Anniversaries. If a monthly, quarterly, or semi-annual mode of premium payment is chosen, the Premium Due Dates are, respectively, every 1 month, 3 months, or 6 months from the Policy Date. The first Premium Due Date is measured from the Policy Date. All following Premium Due Dates are measured from the immediately preceding Premium Due Date.

We, Us, Our, Ours – means Wilton Reassurance Company.

Written Notice – means a written form satisfactory to Us and received by Us at Our Administrative Office.

You, Your, Yours – means the Owner.

SECTION 2 – GENERAL PROVISIONS

ENTIRE CONTRACT – The entire contract consists of this policy, Endorsements or Riders, if any, the attached written application and supplemental written application(s), if any. Any statement made in any such written application, in the absence of fraud, is deemed a representation and not a warranty. We will not use any statement made by the Insured, or on his behalf, to challenge a claim under this policy unless it is contained in a written application.

CHANGES TO CONTRACT – This policy may be changed only if the change is approved in writing by Our President and Secretary.

INCONTESTABILITY – We cannot contest this policy, except for non-payment of premiums, after it has been in force during the Insured's lifetime for two years from the Policy Date or, if reinstated, for two years from the date of reinstatement. Reinstatements may be contested based on material misrepresentations only with respect to statements made in the application for reinstatement.

SUICIDE – If the Insured commits suicide, while sane or insane, within two years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid. We will pay this amount to the Beneficiary in one sum.

MISSTATEMENT OF AGE – If the age of the Insured has been misstated, We will adjust the Policy Proceeds to the amount which the premiums paid would have purchased at the correct age.

NON-PARTICIPATING – This policy is not entitled to share in Our profits or surplus.

CONFORMITY WITH STATE STATUTES – Any provision of this policy, which on the Policy Date is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

TERMINATION – This policy will terminate and all coverage on the Insured's life shall end on the earliest of the following dates or events:

1. The Expiration Date, as set out on the Policy Schedule; or
2. The date the policy terminates, as set out in the Grace Period provision; or
3. The date We receive Your Written Notice to terminate Your policy; or
4. The date of the Insured's death.

SECTION 3 – PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUMS – Each premium must be paid to Us at Our Administrative Office on or before its Premium Due Date. You may change the mode of premium payment, by providing Written Notice satisfactory to Us. You may change to any mode of premium payment being offered by Us at the time of Written Notice.

GRACE PERIOD – Any premium, other than the first, which is not paid by the Premium Due Date must be paid and received by Us within 31 days after its Premium Due Date. The policy stays in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct the unpaid premium from the Policy Proceeds. If the premium remains unpaid at the end of the Grace Period, this policy will terminate as of the unpaid Premium Due Date.

REINSTATEMENT – This policy may be reinstated, during the lifetime of the Insured within 15 days after the end of the Grace Period by payment of the unpaid premium.

This policy may also be reinstated following the 15 day period after the end of the Grace Period. Such reinstatement must be made during the lifetime of the Insured and within 5 years after the Premium Due Date of the unpaid premium. For such reinstatement We require and must receive:

1. Written application for reinstatement satisfactory to Us;
2. Evidence of insurability satisfactory to Us; and
3. Payment of all past due premiums with interest at 6% per year compounded annually to the date of reinstatement.

The reinstated policy will be in force from the date We approve the reinstatement application.

SECTION 4 – OWNERSHIP AND BENEFICIARY

OWNER'S RIGHTS - You may without the Beneficiary's consent:

- Receive any benefit, exercise any right and use any privilege granted by the policy;
- Transfer ownership of the policy;
- Change any revocable Beneficiary during the Insured's lifetime; or
- Agree with Us to any change or amendment of the policy.

If You die while the Insured is alive, ownership will pass to Your estate.

CHANGE OF OWNER – On the Policy Date the Owner is as shown on the Policy Schedule. You may change the Owner by sending Us Written Notice. We must receive Written Notice informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

ASSIGNMENT – You may Assign this policy. We are bound by an Assignment only if We receive a duplicate of the original Assignment at Our Administrative Office. We are not liable for any payment made by Us before We record the Assignment. We are not responsible for the validity of any Assignment.

You may revoke any Assignment prior to its effective date provided We receive Written Notice of revocation satisfactory to Us before the Assignment is recorded by Us.

An Assignment will not change or revoke the Beneficiary designation in effect at the time the Assignment is made. If an Assignment is absolute, Your rights and privileges, including any right to change the Beneficiary, vest in the Assignee. If any Assignment is collateral, the collateral Assignee has priority over the interest of any revocable Beneficiary or revocable payee.

BENEFICIARY – On the Policy Date, the Beneficiary is as stated in the application. If no Beneficiary is designated or if all named Beneficiaries are deceased at the time of the Insured's Death, You will become the Beneficiary, if living, otherwise Your estate will.

CHANGE OF BENEFICIARY – You may change a revocable Beneficiary. We must receive Written Notice satisfactory to Us informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

If the Beneficiary designation is irrevocable, it may only be changed by submitting a Written Notice to Us which has been signed by You and the irrevocable Beneficiary.

BENEFICIARY DEATH SIMULTANEOUS – Unless You have directed otherwise, if any Beneficiary dies at the same time as the Insured or within ten (10) days after the death of the Insured, benefits will be paid as if the Beneficiary predeceased the Insured unless it is proved otherwise to Our satisfaction.

SECTION 5 – POLICY PROCEEDS

PROCEEDS – If the Insured dies while this policy is in force, We will pay the Policy Proceeds to the Beneficiary when We receive due proof of the Insured's death satisfactory to Us. We may require return of this policy.

The Policy Proceeds will consist of:

- The Benefit Amount as shown on the Policy Schedule; plus
- Benefits provided by Endorsement or Rider, if any, which are payable on the Insured's death; plus
- An amount equal to the premium already paid to Us for each Policy Month following the Policy Month of the Insured's death. We will not pay this amount if We are waiving premiums for this policy under a Rider or Endorsement.

If the Insured dies during the Grace Period, We will deduct the unpaid premium from the Policy Proceeds for the Policy Month in which the Insured dies.

The Policy Proceeds will be paid in monthly installments unless the Beneficiary elects to receive a lump sum or there is no Beneficiary designation in effect. If the Beneficiary elects a lump sum, we must receive a Written Notice of such election before any monthly installments have been paid. If there is no Beneficiary designation in effect, We will pay a lump-sum benefit amount to You, if living, otherwise to Your estate.

The lump-sum benefit amount is a one-time payment of the present value of the monthly installments of Policy Proceeds from the date of the Insured's death until the Insured's age 65.

If the Beneficiary survives the Insured but dies prior to all monthly installments of Policy Proceeds having been paid to such Beneficiary, the present value of the remaining unpaid monthly installments of the Policy Proceeds will be paid to the Beneficiary's estate in a lump-sum amount in lieu of future monthly installments of the Policy Proceeds.

The present value is determined by discounting each monthly installment of Policy Proceeds from the date it would have been paid to the date of the Insured's death. The Discount Rate is determined by Us not to exceed the 30-year Treasury rate (CMT), plus 6%.

If the Policy Proceeds are not paid within 30 days of Our receipt of due proof of death, We will pay interest at the rate required by law in the state in which this policy is delivered from the date of death until the date of the first payment.

Any payment is subject to the terms of this policy.

PROTECTION AGAINST CREDITORS - Policy Proceeds are exempt from the claims of creditors and from legal process to the extent permitted by law.

**LEVEL PREMIUM
DECREASING TERM LIFE INSURANCE TO AGE 65
PREMIUMS PAYABLE TO EXPIRATION DATE
POLICY PROCEEDS PAYABLE UPON DEATH BEFORE EXPIRATION DATE
NON-PARTICIPATING NON-CONVERTIBLE**

Policy Schedule

Owner: [Jane Doe]

Policy Date: [April 23, 2007]

Insured: [John Doe]

Insured's Policy Issue Age: [34]

Policy Number: [1234567890]

Sex: [M]

Expiration Date: [April 23, 2038]

Premium Class: [Preferred]

Mode of Premium Payment: [Monthly]

Premium: [\$15.00]

*[*Includes \$75.00 Annual Policy Fee]*

Benefit Amount

[\$500.00] Per Month until Policy Anniversary Age 65

Base Policy Modal Premium

Modes of Premium Payment Are Shown Below:

	<u>Per Mode Premium</u>	<u>Total Yearly Premium</u>
Annual	[180.00]	[180.00]
Semi-Annual	[90.00]	[180.00]
Quarterly	[45.00]	[180.00]
Monthly	[15.00]	[180.00]

Please contact our Administrative Office for questions or information regarding your policy.

Wilton Reassurance Company Service Center
[P.O. Box 723667]
[Atlanta, Georgia 31139-0667]
[TOLL FREE – 877-415-9110]

If We fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
400 University Tower Building
Little Rock, AR 72204
(501) 371-1811

ABOUT PROPOSED INSURED (Please answer each question completely)

First Name _____

Last Name _____

Street _____

City _____ State _____ Zip _____

Primary Phone _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Early Evening

Alternate Phone _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Early Evening

Current Occupation _____

Annual Salary \$ _____ ☐ Male ☐ Female

SalaryShield Elite Term Life Insurance

Choose Coverage Percentage: ☐ 50% ☐ 75% ☐ 100%

Date of Birth

Age

Birthplace

month

day

year

state or country

Height ____ feet _____ inches Weight _____ pounds

SS# _____

Driver's License # _____ State Issued _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, do you have a permanent Visa (green card)? ☐ Yes ☐ No

POLICY OWNER'S INFORMATION (If different from Proposed Insured)

Policy Owner's Name: _____

Policy Owner's Street: _____

Policy Owner's City _____ State _____ Zip _____

Policy Owner's SS# or Tax Payer ID#: _____

PRIMARY BENEFICIARY INFORMATION

Name: _____

Relationship: _____

INSURANCE HISTORY (Check YES or NO for each question)

1. By applying for the proposed policy do you intend to replace, discontinue or change an existing policy or contract, or do you have other life insurance applications pending with any other company? ☐ Yes ☐ No

If yes, provide details as follows. Attach a separate sheet if more space is needed (*Indicate Type of Coverage: I=Individual; B=Business; or G=Group)

INSURED NAME	INSURANCE COMPANY	POLICY NO.	AMOUNT	*TYPE	PENDING	ISSUE DATE
					<input type="checkbox"/>	
					<input type="checkbox"/>	

2. Have you ever used any form of tobacco or nicotine products? ☐ Yes ☐ No

If yes, please furnish date of last use: Month: _____ Year: _____

3. Within the past 3 years, have you been refused life insurance or been issued a policy on a modified or rated basis? ☐ Yes ☐ No

4. Within the past 2 years, have you participated in activities involving piloting private aircraft, mountain or rock climbing, skydiving, skin or scuba diving or competitive racing of powered vehicles? ☐ Yes ☐ No

5. Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered "Yes" to question 3-5, provide details below. Attach a separate sheet if more space is needed.

QUESTION NO.	DETAILS

MEDICAL HISTORY (Check YES or NO for each question)

6. Have you ever had or been treated for depression, anxiety or any psychological disorder, epilepsy, nervous or mental condition, Alzheimer's or dementia? ☐ Yes ☐ No

7. Have you ever received any advice or treatment for alcoholism, drug addiction, drug abuse or other substance abuse? ☐ Yes ☐ No

8. Within the past 10 years, have you been treated or taken prescription medication for:

a. Heart or circulatory disorder, stroke, heart attack? ☐ Yes ☐ No

b. High blood pressure, elevated cholesterol, kidney disease, asthma, emphysema, sleep apnea, or other respiratory or lung disorder? ☐ Yes ☐ No

c. Cancer, leukemia, tumor, gastrointestinal disorder (ulcers), or diabetes? ☐ Yes ☐ No

9. Have you ever been treated for or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection or have you had test results indicating exposure to the AIDS virus?..... ☐ Yes ☐ No
10. Have any of your immediate family members (parents or siblings) been diagnosed or died from coronary artery disease, cancer or diabetes prior to age 60?..... ☐ Yes ☐ No
11. Have you ever been disabled or, have you ever made a claim or received benefits for disability or worker's compensation as a result of sickness or injury?..... ☐ Yes ☐ No
12. In the last 5 years, have you:
- a. Been confined to a hospital or medical facility of any kind?..... ☐ Yes ☐ No
- b. Had an x-ray, electrocardiogram, blood test or any other laboratory tests?..... ☐ Yes ☐ No
- c. Taken prescription drugs for longer than 15 days?..... ☐ Yes ☐ No
13. In the last 2 years, have you been advised to have surgery or treatment?..... ☐ Yes ☐ No

If you answered "Yes" to any question from 6 through 13 above, you must give details below. Attach a separate sheet if more space is needed.

QUESTION NO.	PHYSICIAN OR FACILITY NAME/ADDRESS/TELEPHONE	REASON SEEN AND RESULTS OF VISIT (Include specific condition, duration, diagnosis, date last seen, treatment given, medication prescribed)

PAYMENT OPTIONS (Choose One):

Payer: ☐ Proposed Insured ☐ Policy Owner (if different than proposed insured) Choose a billing frequency: ☐ Monthly ☐ Quarterly
Choose a payment option: ☐ Semi-annually ☐ Annually

☐ Credit Card ☐ Electronic Funds Transfer ☐ Bill Me Later (not available monthly)

Agreement/Authorization to Obtain and Disclose Information: I have read all the questions and answers on this application. All responses are true and complete to the best of my knowledge and belief. A copy of this application will be attached to and made a part of the insurance contract. Any insurance issued as a result of this application will not take effect until the full first premium is paid and a policy is delivered to and accepted by the Proposed Insured during his/her lifetime and while such person is in the state of health described in all parts of this application. I acknowledge receiving the "NOTIFICATION" regarding MIB, Inc. and Fair Credit Reporting Act in the enclosed materials. For use in determining insurability, I authorize any licensed physician, medical practitioner, MIB, Inc., Pharmacy Benefit Manager, Consumer Reporting Agency, or other institution that has any records or knowledge of the Proposed Insured's medical history to give any such information to Wilton Reassurance Company, its representatives, or reinsurers. This authorization is valid for 24 months from the date signed. A photocopy or facsimile of this authorization will be as valid as the original. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that I or any authorized representative will receive a copy of this authorization upon request. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. All applications are subject to underwriting approval which may include, but is not limited to, income verification, medical examination, laboratory testing, MVR, prescription records, and telephone interview.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **CO Residents:** It is unlawful

to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to fraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **DC Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include, imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **KY Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud. **PA Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signed at City _____ State _____ Date _____

Signature of Proposed Insured (Required – Do not print) _____

Policy Owner Signature (If Different than Proposed Insured) _____

WILTON REASSURANCE COMPANY

Executive Office: 187 Danbury Road, Riverview Building, 3rd Floor, Wilton, Connecticut 06897

NOTICE REGARDING REPLACEMENT

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one--or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed policy or contract's benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy or contract to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

WILTON REASSURANCE COMPANY

Executive Office: 187 Danbury Road, Riverview Building, 3rd Floor, Wilton, Connecticut 06897

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

_____ YES _____ NO

2. Are you considering using funds from your existing policies or contract to pay premiums due on the new policy or contract?

_____ YES _____ NO

Please list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED(R) OR FINANCING(F)
--------------	-------------------------	-------------------------	--------------------------------

1.
2.
3.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used in the sales presentation. Be sure that you are making an informed decision. I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name Date

NOTICE OF RIGHT TO RETURN POLICY

You have the right to return your new policy or contract within thirty (30) days of the delivery date and receive an unconditional full refund of all premiums including any policy fees or charges.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older – are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

ADDITIONAL APPLICATION QUESTIONS BELOW

Signed at City _____ State _____ Date _____

Signature of Proposed Insured (Required – Do Not Print) _____

Policy Owner Signature (If Different than Proposed Insured) _____

WILTON REASSURANCE COMPANY
187 Danbury Road, Riverview Building, 3rd Floor, Wilton, Connecticut 06897

STATEMENT PREPARATION DATE: [2/1/2005]

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
TERM LIFE INSURANCE TO AGE 65

Insured: [John Doe] Age: [34] Class: [Non-tobacco]

Policy Date: [2/1/2005] Policy Number: [12345678]

<u>Year</u>	<u>Annual Premium</u>	<u>Monthly Benefit Amount*</u>
1	[\$180.00]	[\$2,500.00]
2	[\$180.00]	[\$2,500.00]
3	[\$180.00]	[\$2,500.00]
4	[\$180.00]	[\$2,500.00]
5	[\$180.00]	[\$2,500.00]
10	[\$180.00]	[\$2,500.00]
20	[\$180.00]	[\$2,500.00]

<u>Age</u>	<u>Annual Premium</u>	<u>Monthly Benefit Amount*</u>
60	[\$180.00]	[\$2,500.00]
65	[\$180.00]	[\$2,500.00]

*The Monthly Benefit Amount that will be paid to the beneficiary beginning from the date of the Insured's death until the date the Insured would have attained Policy Anniversary Age 65. Policy Proceeds will be paid in monthly installments unless there is no Beneficiary designation in effect. If there is no Beneficiary designation in effect, a lump sum benefit amount may be paid to Your estate. The lump sum benefit amount is a one-time payment of the present value of the monthly installments of Policy Proceeds from the date of the Insured's death until the Insured's age 65. The present value is determined by discounting each monthly installment of Policy Proceeds from the date it would have been paid to the date of the Insured's death. The Discount Rate used in this calculation will be the Discount Rate in effect at the time of the Insured's death. The Discount Rate is determined by Us.

[Premiums shown above include \$75 annual policy fee.]

	<u>10th Year</u>	<u>20th Year</u>
Surrender Cost Index	[0.99]	[0.99]
Net Payment Cost Index	[0.99]	[0.99]

EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYER'S GUIDE.

For additional information or questions, contact the following:
Wilton Reassurance Company Service Center
P.O. Box 723667
Atlanta, Georgia 31139-0667
Toll Free - 877-415-9110

Amendment to Application

Amendment Number: [Policy Number-AM01]

Insured

Application Date ____/____/____

Policy Date ____/____/____ Policy Number _____

I authorize Wilton Reassurance Company to amend the application as follows and agree that this Amendment will become a part of and attached to the policy.

INSERT REASONS FOR AMENDMENT

Insured Signature

____/____/____
Date

Owner Signature (if different from Insured)

____/____/____
Date

**Wilton Reassurance Company Service Center
[PO BOX 723667
ATLANTA GA 31139-0667
877-415-9110]**

WILTON REASSURANCE COMPANY

Executive Office: 187 Danbury Road, Riverview Building, 3rd Floor, Wilton, Connecticut 06897

APPLICATION FOR REINSTATEMENT

Name of Insured _____

Street Address _____

City _____

State _____

ZIP _____

Policy Number to be Re-instated: _____ Date of Lapse: _____ / _____ / _____

For all "Yes" answers, explain in Details below:

- a) Have you any reason to believe you are not now in good health? ☐ Yes ☐ No
- b) Are you under treatment, or is any treatment or surgery planned?
(If yes, give details including reason) ☐ Yes ☐ No
- c) Have you had any disease, illness or injury within the past 5 years?
(If yes, give full details including nature, date and duration) ☐ Yes ☐ No
- d) Have you consulted any physician, clinic, or other medical facility within the past
5 years? (If yes, give full details including names, addresses, dates and reasons) ☐ Yes ☐ No
- e) Since the issue date of this policy, have you applied for life, health or disability
insurance which was declined, postponed or modified in any way?
(If yes, give date, reason and name of company) ☐ Yes ☐ No
- f) Do you have any plan to reside outside of the United States or Canada?
(If yes, state purpose, and duration of stays) ☐ Yes ☐ No

What is your occupation and what duties do you perform? _____

Details – use other side if needed.

AUTHORIZATION I agree my answers to the above questions are true, full and complete to the best of my knowledge and belief. I understand that if this application for reinstatement is approved that it will be contestable to the same extent and for the period of time from the date of the approval of the reinstatement as was the above policy on and after its issuance. I understand and agree that no coverage shall become effective until this application is approved by the Company. I acknowledge receiving the "NOTIFICATION" regarding MIB, Inc. and the Fair Credit Reporting Act in the enclosed materials. For use in determining insurability, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the MIB, Inc. or other organization, institution or person that has any records or knowledge my medical history to give any such information to Wilton Reassurance Company or its reinsurers. This authorization is valid for 24 months from the date signed. A photocopy of this authorization shall be as valid as the original. I may revoke this authorization for information by notifying the Company in writing. Such revocation shall not be effective until received by the Company. **WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____
(City, State)

On _____ / _____ / _____
(Date)

Signature of Proposed Insured _____

Signature of Owner (if different than Proposed Insured) _____

Signature of Witness _____

SERFF Tracking Number: HULI-125670994

State: Arkansas

Filing Company: Wilton Reassurance Company

State Tracking Number: 39125

Company Tracking Number: WR-TL-POL100

TOI: L04I Individual Life - Term

*Sub-TOI: L04I.313 Decreasing - Single Life -
Fixed/Indeterminate Premium*

Product Name: Term Life to Age 65

Project Name/Number: LF65/WR-TL-POL100

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HULI-125670994	State:	Arkansas
Filing Company:	Wilton Reassurance Company	State Tracking Number:	39125
Company Tracking Number:	WR-TL-POL100		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium
Product Name:	Term Life to Age 65		
Project Name/Number:	LF65/WR-TL-POL100		

Supporting Document Schedules

Review Status:

Satisfied -Name:	Certification/Notice	05/29/2008
Comments:		
Attachment:		
	Certification of Compliance.pdf	

Review Status:

Satisfied -Name:	Application	05/29/2008
Comments:		
	The application to be used with this policy form is submitted under the Form Schedule tab.	

Review Status:

Satisfied -Name:	Life & Annuity - Acturial Memo	05/29/2008
Comments:		
Attachment:		
	WR-TL-POL100B-AR Actuarial Memorandum.pdf	

Review Status:

Satisfied -Name:	Third party authorization letter	05/29/2008
Comments:		
Attachment:		
	WR Third Party Authorization Letter 26Mar08.pdf	

Review Status:

Satisfied -Name:	Statement of Variables	05/29/2008
Comments:		
Attachment:		
	STATEMENT OF VARIABLES FOR WR-TL-SCH100A.pdf	

CERTIFICATION OF COMPLIANCE

I certify that in preparation of this filing all statutes, regulations, rules and bulletins have been reviewed, including Rule 19 and Rule 49.

I also certify that all forms contained in this filing comply with the minimum flesch score of 40 as required in Arkansas ACA 23-80-206.

Signature

Enrico Treglio

Name

Sr. Vice President

Title

May 22, 2008

Date

Wilton Reassurance Company
Actuarial Memorandum
Decreasing Term Life Insurance to Age 65
Policy Form WR-TL-POL100B-AR

This memorandum was prepared exclusively for company management and the state insurance department(s) to which the policy form is applicable. It is not intended to benefit any third party. We request confidentiality to the extent permissible by law.

Purpose

The purpose of this memorandum is to identify the basis used for reserves and to demonstrate that no nonforfeiture cash values or benefits are necessary under the state minimum nonforfeiture requirements. It is not intended for other purposes.

General Description

This is a nonparticipating term life insurance policy that expires at age 65. The death benefit is payable monthly from the insured's date of death until the insured's policy anniversary at policy age 65. Thus, the total amount of death benefit payable decreases with each month that the insured survives.

In lieu of monthly benefit payments, the beneficiary may elect to receive a lump sum benefit payment equal to the present value of the stream of monthly benefit payments using a discount rate determined by Wilton Reassurance Company. The discount rate is guaranteed not to exceed the 30-year U.S. Treasury Rate (Constant Maturity Treasury) by more than 6%.

Policies are issued from age 18 through 55. There are three risk classes: preferred non-tobacco user, standard non-tobacco user, and tobacco user. Premiums remain level over the entire term period and vary by issue age, gender, and risk class. Table ratings may also be applied.

Although the premiums remain level, the premiums per unit of death benefit are increasing as the total amount of death benefit payable is decreasing with each month that the insured survives.

Statutory Reserves

Statutory mean reserves are held as the greatest of:

- A. Statutory mean reserves calculated according to Sections 6(A) and 6(B) of the Valuation of Life Insurance Policies Model Regulation;
- B. One-half the tabular cost of insurance.

After death has occurred, a claim reserve will be held equal to the present value of future monthly death benefits yet to be paid.

Basic Reserves (Section 6(A))

Basic reserves are calculated as the greater of the Unitary Reserves and Segmented Reserves which are described below.

Basic reserves are calculated using the Commissioners Reserve Valuation Method (CRVM) as described in the Standard Valuation Law and the 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct, mortality table on a discounted continuous basis.

The maximum valuation interest rate used for statutory reserves will be as prescribed by the Standard Valuation Law. The valuation interest rate for life insurance with guarantee periods of more than 20 years, for 2007 and 2008 issues, is 4.00%.

Mean reserves are calculated assuming an annual net premium equal to the continuous net premium discounted with interest only.

Statutory Reserve and Net Premium – Definitions

1. x = issue age
2. t = the number of completed policy years
3. h = the policy month (from 1 to 12) within policy year t
4. b = monthly death benefit (1 unit = \$1,000 per month)
5. ${}_t p_x$ = probability of survival from age x to age $x+t$
6. q_{x+t} = probability of death at age $x+t$
7. ${}_{t,h}z_x$ = the number of months until attainment of age 65 for an insured issued at age x , currently in policy year t , policy month h
8. i = statutory valuation interest rate for life insurance with guarantee period of more than 20 years
9. v = interest discount factor

$$= 1 / (1 + i)$$
10. δ = force of interest

$$= \ln (1 + i)$$
11. $i_{(12)}$ = monthly statutory valuation interest rate for life insurance

$$= (1 + i)^{(1/12)} - 1$$
12. ${}_{t,h}DB_x$ = interest only present value of death benefit remaining for a policy issued at age x , in policy year t , month h with z months remaining until attainment of age 65

$$= b * \ddot{a}_{z|i(12)}$$

Statutory Reserve and Net Premium – Definitions (continued)

13. ${}_t\text{AvgDB}_x$ = average interest only present value of death benefit remaining for a policy issued at age x , in policy year t

$$= \left(\sum_{h=1}^{12} {}_{t+h}\text{DB}_x \right) / 12$$

14. ELRA_x = equivalent level renewal amount for issue age x

$$= ({}_2,1\text{DB}_x + {}_3,1\text{DB}_x + \dots + {}_{10,1}\text{DB}_x) / 9$$

15. $\text{PVFB}_{x+t:65-x-t}^1$ = present value at age $x+t$ of future term benefits paid continuously to age 65

$$= (i / \delta) \times \sum_{j=0}^{65-(x+t)} ({}_j\text{AvgDB}_x \times v^{j+1} \times {}_j p_{x+t} \times q_{x+t+j})$$

16. $\bar{a}_{x+t:65-x-t}|$ = present value at age $x+t$ of a continuous annuity of \$1 per year to age 65

$$= (\bar{N}_{x+t} - \bar{N}_{65}) / D_{x+t} \quad (N_x \text{ and } D_x \text{ are standard actuarial notation})$$

17. α_x = CRVM continuous first year net premium for issue age x

$$= \bar{C}_x * {}_1\text{AvgDB}_x / \bar{D}_x \quad (C_x \text{ and } D_x \text{ are standard actuarial notation})$$

18. β_x = CRVM continuous renewal year net premium for issue age x

$$= \text{PVFB}_{x+1} / \bar{a}_{x+1:65-x-1}|$$

19. ${}_{19}P_{x+1}$ = the full preliminary term renewal net premium for 20-payment whole life policy of \$1

Unitary Reserves

Unitary reserves will be calculated using CRVM over the period from the issue age to attained age 65. Under this method, the first year continuous terminal reserve is zero and subsequent continuous terminal reserves are calculated as:

$${}_t\overline{V}^{\text{Unitary}}_x = \overline{\text{PVFB}_{x+t:65-x-t}} - {}_t\overline{\text{NP}}^{\text{Unitary}}_x \times \overline{a_{x+t:65-x-t}}$$

where,

$${}_t\overline{\text{NP}}^{\text{Unitary}}_x = \begin{cases} \alpha_x = K \times {}_t\text{GP}_x - \text{EA} & \text{for } t=1, \\ \beta_x = K \times {}_t\text{GP}_x & \text{for } t>1 \end{cases}$$

K is the constant multiplier of the gross premium such that:

$$K \times \overline{\text{PVFGP}_{x:65-x}} = \overline{\text{PVFB}_{x:65-x}} + \max[0, \text{EA}]$$

EA is the CRVM first year expense allowance:

$$\text{EA} = (\text{Min}[\beta_x, \text{ELRA}_x \times {}_{19}\text{P}_{x+1}] - \alpha_x) \times \overline{a_{x:1}}$$

The discounted continuous mean unitary reserve is defined as:

$${}_t\overline{\text{MV}}^{\text{Unitary}}_x = \frac{1}{2} \times [{}_t\overline{V}_x^{\text{Unitary}} + {}_t\overline{V}_x^{\text{Unitary}} + {}_t\overline{\text{NP}}^{\text{Unitary}}_x (1 - v) / \delta]$$

Segmented Reserves

The length of a particular segment is defined as the period from the end of the prior segment to the policy year t for which $G_t > R_t$,

$$\text{where } G_t = GP_{x+t} / GP_{x+t-1}, \\ R_t = q_{x+t} / q_{x+t-1}.$$

Segmented reserves will be calculated using CRVM with the benefit period equal to the length of the segment (n years). Under this method, the first year terminal reserve is zero and subsequent terminal reserves are calculated as:

$${}_tV_{x+r}^{\text{Seg}} = PVFB_{x+r+t:r+n-t} - {}_tNP_{x+r}^{\text{Seg}} \times \bar{a}_{x+r+t:r+n-t}$$

where,

s is the number of the current segment,

r is the number of policy years prior to the start of the current segment,

n is the length of the current segment

$${}_tNP_{[x]}^{\text{Seg}} = K^s \times {}_tGP_x - EA \quad \text{for } t=1, \\ K^s \times {}_tGP_x \quad \text{for } t>1$$

K^s is the constant multiplier of the gross premium such that:

$$K^s \times PVFGP_{x:n} = PVFB_{x:n} + \max[0, EA] \quad \text{if } (s=1),$$

$$K^s \times PVFGP_{x+r:n} = PVFB_{x+r:n} \quad \text{if } (s>1)$$

EA is the CRVM first year expense allowance:

$$EA = (\text{Min}[\beta_x, ELRA_x \times {}_{19}P_{x+1}] - \alpha_x)$$

The discounted continuous mean segmented reserve is defined as:

$${}_tMV_x^{\text{Seg}} = \frac{1}{2} \times [{}_tV_x^{\text{Seg}} + {}_tV_x^{\text{Seg}} + {}_tNP_x^{\text{Seg}} \times (1 - v) / \delta]$$

Deficiency Reserves (Section 6(B))

Deficiency reserves are calculated on the same basis (unitary or segmented) as the basic reserve with the following modifications:

- 1) The mortality rates are X% of the 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct mortality table where X% ("X Factors") may vary by gender, issue age, underwriting class and duration.

The "X factors" will comply with Section 5(B)(3) of the Model Regulation. The "X factors" are an array of percentages that: a) are not less than 20%, b) shall not decrease in any successive policy years, c) when using the valuation interest rate used for basic reserves, the actuarial present value of future death benefits, calculated using the mortality rates resulting from the application of the "X factors" is greater than or equal to the actuarial present value of future death benefits calculated using anticipated mortality experience without recognition of mortality improvement beyond the valuation date, and d) mortality rates resulting from the application of the "X factors" are at least as great as the anticipated mortality experience, without recognition of mortality improvement beyond the valuation date, in each of the five years after the valuation date.

- 2) The gross premium replaces the valuation net premium in the reserve calculation whenever the gross premium is less than the valuation net premium. If the gross premium exceeds the valuation net premium, the excess of the minimum reserve over the basic reserve is defined to be zero.

Numerical Example – Unitary Reserves

*Statutory Terminal Reserves and Mean Reserves per \$1,000 of Monthly Death Benefit
Male, Standard Non-tobacco User, Issue Age 45, Policy Year 5*

$$b = 1000.00; \quad i = .04; \quad v = .96154; \quad \delta = .03922; \quad i_{(12)} = .00327$$

$${}_{1,1}DB_{45} = 1000 \times \ddot{a}_{240|0.327\%} = 1000 \times 166.59623 = 166,596$$

$${}_{1,2}DB_{45} = [(166,596 - 1000) \times 1.00327] = 166,138, \text{ etc.}$$

$${}_{2,1}DB_{45} = 1000 \times \ddot{a}_{228|0.327\%} = 1000 \times 161.00164 = 161,002;$$

$${}_{3,1}DB_{45} = 155,183; \quad {}_{4,1}DB_{45} = 149,132, \text{ etc.}$$

$$\begin{aligned} ELRA_{45} &= (161,002 + 155,183 + 149,132 + 142,839 + 136,294 + \\ &\quad 129,487 + 122,408 + 115,046 + 107,390) / 9 \\ &= 135,420 \end{aligned}$$

$$\begin{aligned} {}_1AvgDB_{45} &= [166,596 + 166,138 + 165,679 + 165,218 + 164,756 + 164,292 + \\ &\quad 163,826 + 163,359 + 162,891 + 162,421 + 161,949 + 161,476] / 12 \\ &= 164,050 \end{aligned}$$

$${}_2AvgDB_{45} = 158,354; \quad {}_3AvgDB_{45} = 152,429, \text{ etc.}$$

$${}^1PVFB_{45:20|} = 4,564.65399$$

$${}^1PVFB_{45+1:19|} = 4,576.37009$$

$${}^1PVFB_{45+4:11|} = 4,420.07064$$

$${}^1PVFB_{45+5:10|} = 4,304.98781$$

$$\bar{a}_{45+1:19|} = 13.0160348$$

$${}_1\bar{a}_{45:19|} = 12.50228$$

$$\bar{a}_{45+4:16|} = 11.51810$$

$$\bar{a}_{45+5:15|} = 10.98320$$

Numerical Example – Unitary Reserves (continued)

*Statutory Terminal Reserves and Mean Reserves per \$1,000 of Monthly Death Benefit
Male, Standard Non-tobacco User, Issue Age 45, Policy Year 5*

$$\alpha_{45} = .001029676 \times 164,050.20 / .980132054 = 172.3426;$$

$$\beta_{45} \text{ (FPT)} = 4,576.37009 / 13.0160348 = 351.5948$$

$${}_{19}P_{46} = .0226$$

$$351.5948 < (135,420 \times .0226), \text{ so FPT is allowed}$$

$${}_0\bar{V}_{45}^{\text{Unitary}} = 4,564.65399 - 172.3426 \times .980132 - 351.5948 \times 12.50228 = 0.00$$

$${}_4\bar{V}_{45}^{\text{Unitary}} = 4,420.07064 - 351.5948 \times 11.51810 = 370.37$$

$${}_5\bar{V}_{45}^{\text{Unitary}} = 4,304.98781 - 351.5948 \times 10.98320 = 443.35$$

$${}_5\overline{MV}_{45}^{\text{Unitary}} = (370.37 + 443.35 + 351.59 \times .98064) / 2 = 579.25$$

Numerical Example – Segmented Reserves

*Statutory Terminal Reserves and Mean Reserves per \$1,000 of Monthly Death Benefit
Male, Standard Non-tobacco User, Issue Age 45, Policy Year 5*

$$b = 1000.00; \quad i = .04; \quad v = .96154; \quad \delta = .03922; \quad i_{(12)} = .00327$$

Death benefits are the same as in the unitary reserve example. For purposes of this example, the first segment is assumed to be from issue to the end of policy year 13.

$${}^1\overline{PVFB}_{45:13|} = 3,376.93657$$

$${}^1\overline{PVFB}_{45+1:12|} = 3,339.84563$$

$${}^1\overline{PVFB}_{45+4:9|} = 3,022.63282$$

$${}^1\overline{PVFB}_{45+5:8|} = 2,848.57945$$

$$\overline{a}_{45+1:12|} = 9.44535$$

$${}_1|\overline{a}_{45:12|} = 9.07253$$

$$\overline{a}_{45+4:9|} = 7.48276$$

$$\overline{a}_{45+5:8|} = 6.77757$$

$$\alpha_{45} = .001029676 \times 164,050.20 / .980132054 = 172.3426;$$

$$\beta_{45} (\text{FPT}) = 3,339.84563 / 9.44535 = 353.597$$

$${}_{19}P_{46} = .0226$$

$$353.597 < 135,420 \times .0226, \text{ so FPT is allowed}$$

$${}_0\overline{V}_{45}^{\text{Seg}} = 3,376.93657 - 172.3426 \times .980132 - 353.597 \times 9.07253 = 0.00$$

$${}_4\overline{V}_{45}^{\text{Seg}} = 3,022.63282 - 353.597 \times 7.48276 = 376.75$$

$${}_5\overline{V}_{45}^{\text{Seg}} = 2,848.57945 - 353.597 \times 6.77757 = 452.05$$

$${}_5\overline{MV}_{45}^{\text{Seg}} = (376.75 + 452.05 + 353.60 \times .98064) / 2 = 587.78$$

Nonforfeiture Values

This plan offers no nonforfeiture cash value or benefit.

The minimum nonforfeiture cash values calculated as specified by the Standard Nonforfeiture Law Net Level Premium Method are not greater than \$25 per \$1,000 of insurance at any issue age and policy year.

The calculations are based on the 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct, mortality table, and 5.00% interest. Calculations are on a curtate basis.

The nonforfeiture interest rate is 125% of the calendar year statutory valuation interest rate as prescribed by the Standard Valuation Law rounded to the nearer one-quarter of one percent. The nonforfeiture interest rate for 2007 and 2008 issues is 5.00%.

Nonforfeiture Definitions and Formulae

1. Definitions

- a. x = the issue age of the insured
- b. t = the policy year
- c. h = the policy month (from 1 to 12) within policy year t
- d. b = monthly death benefit (1 unit = \$1,000 per month)
- e. n = years to maturity from issue
- f. m = the premium payment period
- g. ${}_t p_x$ = probability of survival from age x to age $x+t$
- h. q_{x+t} = probability of death at age $x+t$
- i. ${}_{t,h} Z_x$ = the number of months until attainment of age 65 for an insured issued at age x , currently in policy year t , policy month h
- j. i_{NF} = nonforfeiture interest rate for life insurance with guarantee period of more than 20 years
- k. v = interest discount factor
$$= 1 / (1 + i_{NF})$$
- l. $i_{NF(12)}$ = monthly nonforfeiture interest rate for life insurance
$$= (1 + i_{NF})^{(1/12)} - 1$$

Nonforfeiture Definitions and Formulae (continued)

- m. ${}_{t,h}DB_x$ = interest only present value of death benefit remaining for a policy issued at age x , in policy year t , month h with z months remaining until attainment of age 65

$$= b * \ddot{a}_{z| iNF(12)}$$

- n. ${}_tAvgDB_x$ = average interest only present value of death benefit remaining for a policy issued at age x , in policy year t

$$= (\sum_{h=1}^{12} {}_{t,h}DB_x) / 12$$

- o. $PVFB_{x+t}$ = present value of future benefits (b_t) at age $x+t$

$$= \sum_{j=0}^{65-(x+t+1)} ({}_{j+1+t}AvgDB_x \times v^{j+1} \times {}_j p_{x+t} \times q_{x+t+j})$$

- p. $\ddot{a}_{x:m|}$ = present value of an annuity due of \$1 per year for m years at age x

- q. P_x^{NL} = net level premium for issue age x

$$= PVFB_x / \ddot{a}_{x:m|}$$

2. Cash Value Formulae

- a. AAI_x = the average amount of insurance at issue age x

$$= 1/10 \times ({}_1DB_1 + {}_2DB_2 + \dots + {}_{10}DB_{10})$$

- b. EA_x = the nonforfeiture expense allowance for issue age x

$$= (1.25 \times \text{Minimum}[P_x^{NL}, .04 \times AAI_x]) + (.01 \times AAI_x)$$

- c. P_x^a = the adjusted net premium for issue age x

$$= [PVFB_x + EA_x] / \ddot{a}_{x:m|}$$

- d. CV_{x+t} = cash value at age $x+t$

$$= \text{Maximum} [(PVFB_{x+t} - P_x^a \times \ddot{a}_{x+t:m|}), 0]$$

Numerical Example of Cash Value Calculation

Terminal Cash Values per \$1,000 of Monthly Death Benefit
Male, Standard Non-tobacco User, Issue Age 45, Policy Year 5

$$b = 1000.00; \quad i_{NF} = .05; \quad v = .95238; \quad i_{NF(12)} = .00407$$

$${}_{1,1}DB_{45} = 1000 \times \overline{a}_{240|0.407\%} = 1000 \times 153.567 = 153,567$$

$${}_{1,2}DB_{45} = (153,567 - 1,000) \times 1.00407 = 153,188, \text{ etc.}$$

$${}_{2,1}DB_{45} = 1000 \times \overline{a}_{228|0.407\%} = 1000 \times 148.922 = 148,922;$$

$${}_{3,1}DB_{45} = 144,046; \quad {}_{4,1}DB_{45} = 138,926, \text{ etc.}$$

$$AAI_{45} = (153,567 + 148,922 + 144,046 + 138,926 + 133,549 + \\ 127,904 + 121,977 + 115,753 + 109,218 + 102,356) / 10$$

$$= 129,622$$

$${}_1\text{Avg}DB_{45} = [153,567 + 153,188 + 152,808 + 152,427 + 152,044 + 151,659 + \\ 151,273 + 150,885 + 150,496 + 150,105 + 149,712 + 149,318] / 12$$

$$= 151,457$$

$${}_2\text{Avg}DB_{45} = 146,707; \quad {}_3\text{Avg}DB_{45} = 141,720, \text{ etc.}$$

$${}^1PVFB_{45:20|} = 3,892.7817$$

$${}^1PVFB_{45+5:15|} = 3,807.6769$$

$${}^{\infty}a_{45:20|} = 12.7750$$

$${}^{\infty}a_{45+5:15|} = 10.5996$$

Numerical Example of Cash Value Calculation (continued)

Terminal Cash Values per \$1,000 of Monthly Death Benefit
Male, Standard Non-tobacco User, Issue Age 45, Policy Year 5

$$P^{NL} = 3,892.7817 / 12.7750 = 304.719$$

$$EA_{45} = (1.25 \times \text{minimum}[304.719, .04 \times 129,621.799]) + .01 \times 129,621.799 \\ = 1,677.117$$

$$P_{45}^a = (3,892.7817 + 1,677.117) / 12.7750 \\ = 436.000$$

$$CV_{45+5} = \text{Maximum}[3,807.6769 - 436.000 \times 10.5996, 0] \\ = \text{Maximum}[-813.76, 0.00] = 0.00$$

Qualification

I, Donald E. Michalko, am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this memorandum.

Actuarial Certification

I have read the forms submitted in this filing and hereby certify that the reserves and nonforfeiture benefits are not less than the minimum requirements of the state in which these policies are filed.

Donald E. Michalko

Donald E. Michalko, FSA, MAAA

March 31, 2008
Date



187 Danbury Road Riverview Building Wilton, CT 06897

March 26, 2008

NAIC Company Code: 66133

Re: See Attached Forms Listing

Please accept this letter as authorization from Wilton Reassurance Company for Heritage Union Services, LLC. to file any or all policy forms as referenced on the attached form listing on behalf of Wilton Reassurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Enrico J. Treglia".

Enrico J. Treglia
Senior Vice President and
Chief Operating Officer
Wilton Reassurance Company

STATEMENT OF VARIABLES

FORM: WR-TL-SCH100A

<u>VARIABLE</u>	<u>VALUE</u>
The following variables are additional variables used in the Policy Schedule, WR-TL-SCH100A	
Owner	Policy owner's name
Policy Date	Calendar date showing policy effective date
Insured	Insured's name
Insured's Policy Issue Age	Insured's age at the time the policy is issued.
Policy Number	System generated number for each policy issued
Sex	Insured's sex; male or female
Mode of Payment	Monthly, quarterly, semi-annually, or annually
Premium Class	Preferred or Standard, non-tobacco user; tobacco user
Premium	Premium amount based on the Mode of Payment. (default value is Monthly).
*Includes Annual Policy Fee	Currently there is not an annual policy fee applied. The default will be that this will not be included.
Benefit Amount	\$500 to \$15,000
Base Modal Premiums	Amount of each modal premium